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**HOW TO PROCESS WORKING AGED (WA) TRANSACTIONS
(May 2002)**

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OUTLINE OF THE WORKING AGED SUBMITTAL PROCESS

Survey your members at enrollment and again yearly to determine correct working aged status. The Managed Care Organizations (MCO) submit working Aged transactions to the Centers for Medicare & Medicaid Services by using electronic transfer, online McCoy system or a third party vendor (i.e., Axcion Computer Services). CMS does not process the transactions, but acts as a conduit.

CMS edits the transactions and sends them to General Health, Inc. (GHI) who also performs edits on the data then forwards the transactions to the Common Working File (CWF) Host sites, who process the transactions.

Each WA transaction submitted electronically by an MCO will receive a status and is entered into McCoy. Possible statuses received for MCO-submitted working aged transactions in McCoy are: N, U, G, S, P, A and R. Please refer to the Plan Communications Users Guide for a description of these statuses. Statuses of all transactions submitted appear in the McCoy Working Aged screens, and the Working Aged Transaction Status Report.

NOTE: Transactions that do not pass the preliminary edits (i.e., incomplete mandatory fields, invalid data, etc.) receive a U status - Unacceptable (these records will not appear on Transaction Reply Listing or sent to GHI and CWF). The MCO should make corrections and resubmit.

A transaction that does not pass the CWF/GHI edits is placed on the McCoy Working Aged Exception List as R- rejected with "SP" codes. The rejected transactions with "SP" codes will also appear on the Monthly Transaction Reply report.

A transaction that is accepted but not yet posted to the CWF will be reported back to the MCO on the Reply Listing with a reply code 65. A rejected transaction will be reported with a reply code 68 and with an "SP" code explanation. SP Codes explain why the CWF rejected the MSP/WA transaction and the definitions of SP codes are listed in the Plan Communications Guide. Look up the SP code in the Plan Communications Guide, and take action according to those instructions.

Reply codes 59, 66, or 67 mean the transaction is posted to the CWF and can be viewed there.

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DELAYS IN PROCESSING OF WA TRANSACTIONS

NOTE: PAYMENT ADJUSTMENTS FOR MCO SUBMITTED WA TRANSACTION PERIODS ACCEPTED BY CWF-- As a rule of thumb, check the latest MSP record's maintenance date (MNT DTE) shown on the CWF and allow at least three months from that date for any payment adjustments to occur. For more information on delays, please refer to the itemized list of issues listed Ongoing Issues section in this document. Please note that CMS does not control the workload of WA transactions submitted to the Coordination of Benefits (COB) contractor; therefore, you will need to call the COB directly. Please refer to the COB section in this document for more information.

Also, NOTE that you can only submit one WA transaction for a beneficiary per month as the GHP only accepts one per month.

WA TRANSACTION REPLY CODES

Reply Codes do not affect payment:

- 65 - Working Aged Accepted but
not yet posted to CWF
- 68 - Working Aged Status Rejected
- 69 - Working Aged Pending.

Reply Codes that affect payment:

- 59 - Working Aged Canceled
- 66 - Working Aged Status Set
- 67 - Working Aged Status Terminated

OBTAINING CWF ACCESS (View only), HDC ACCESS and CWF Tutorial

All MCOs must have access to the CMS Data Center (HDC) prior to obtaining access to CWF.

For HDC Access you should contact the Central office (DPAP) regional Health Insurance Specialist. The contact list can be found at the following website address <http://www.cms.hhs.gov/healthplans/systems> under the Central Office Contact List link.

CWF Assignment-- contact the DPAP Technical Support Specialist assigned to your region – Sue Hartmann, Sarah Brown, or Sue Mathis

The CWF tutorial that gives an overview of the Working aged information contained in the

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CWF. The tutorial is available at the following website address

<http://www.cms.hhs.gov/healthplans/systems> under the Common Working File link.

The listing of CWF Host sites and contacts is available at the following website address

<http://www.cms.hhs.gov/healthplans/systems> under the Common Working File link.

WORKING AGED BATCH FILE SUBMISSION, ELECTRONIC TRANSFER AND TESTING

Working aged transactions will be picked up for processing three (3) times a day: 11:30 a.m., 4:00 p.m., and 10:30 p.m. ET. Check MCCOY periodically after these times to ensure that your data has been received. If your data has not been received by the following day of your transmission, call the Central office (DPAP) regional Technical Support Specialist. All transmissions must be completed prior to 8:00 p.m. ET by the LAST business day of the month. If this is your first time transmitting a working aged file please schedule a test with the DPAP Technical Support specialist in your region. Contact information for your Central office (DPAP) regional Technical Support Specialist, Sue Hartmann, Sarah Brown, or Sue Mathis.

WORKING AGED TRANSACTIONS EXCEPTION (REJECTION) LIST

To look up rejected Working Aged transactions submitted by your MCO, logon to McCOY: Select option 8 (McCOY plan option menu) - Working aged - View Exceptions

Please refer to the GHP Monthly Schedule for date when WA Exceptions are available. Additionally, please check the Working Aged Transaction Status, and the Transaction Reply Listing reports available for downloading through TSO.

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HOW TO IDENTIFY WORKING AGED & WA SURVEY

The criteria for WA are found in the Intermediary Manual Section 3491.

Working Aged Definition:

The beneficiary must be

- age 65
- currently working and has health insurance with that employer
- the employer must have 20 or more employees
- or the spouse is currently working and the beneficiary is covered by their insurance
- entitled to Part A

If you have any questions regarding Working Aged identification or the Working Aged Survey, please contact Donna Dalfonzo-Wiggs on (410) 786-9289.

RECONCILIATION OF WORKING AGED PERIODS REPORTED TO YOU FROM ANOTHER SOURCE

CMS reports Working Aged transactions received on your membership back to you by way of the **Transaction Reply Listing, and the Monthly Membership Reports**. If your information does not confirm working aged status for this member during the reported time frame, you should take the following steps to update the working aged status.

- ✓ Look up your member on the CWF (MCO must have CWF ID and password)
- ✓ Determine which working aged period does not reflect the correct information for your members
- ✓ Submit a HUSP record correction to CMS using the information from the CWF screen
(*Please NOTE that you can only submit one WA transaction for a beneficiary per month as the GHP only accepts one per month.*)

NOTE: Certain transactions may require COB correction or may have an issue needing resolution. Refer to the COB section and Ongoing Issues section in this document, respectively.

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MCO DO's and DON'Ts

- MCO may start a working aged period, delete or end a period that MCO set;
- MCO may enter a termination date to end period started by another source (MSP Termination date must be greater than MSP effective date);
- MCO may not delete or remove a period started by another source, i.e., 33333(11104) or 77777(11102);
- MCO cannot enter an end date the same as the start date if the MCO was not the source of that period ;
- MCO should not send an HUSP record to terminate a WA period showing on the CWF when the CWF VAL IND field is N (No MSP) **OR** CWF DEL IND field is D (Deleted period).
- MCO should not send an HUSP record to update a CWF record when the MSP field on the CWF record is other than an "A"

SUBMISSIONS TO COORDINATION OF BENEFITS (COB) CONTRACTOR

Some transactions must be sent to the Medicare -Coordination of Benefits(COB) contractor for action* They are:

1. Periods that need to be deleted or removed but were set by another source
2. Open periods that require an end date to be entered equal to the start date (deletion)
3. SP code 57 - source code 77777 (11102) - Term date greater than 6 months before the date of accretion (DOA) to CWF
4. CWF MSP record with MSP effective date earlier than beneficiary's date of birth at age 65.
5. SP60, SP61- Insurer Type not matching on CWF HUSP record.
6. SP53 Error Code situations. WA and Disability records both open at the same time.
7. SP71 Source Code not matching on CWF HUSP record.

* Effective January 8, 2001, the COB contractor began to update CWF MSP auxiliary records that MCOs cannot update. Please refer to December 12, 2000 document *entitled* Updating Working Aged Process - Coordination of Benefits (COB) Contractor - Effective January 1, 2001, that is posted on website address: <http://www.cms.hhs.gov/healthplans/systems> under the Working Aged link. The document (with attached file) provide instructions for sending WA/MSP updates to the COB contractor. Please mail WA/MSP updates as instructed in the letters to the following address:

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MEDICARE- Coordination of Benefits Contractor
Attn: MSP Claims Investigation Project
P.O. Box 5041
New York, NY 10274-5041

The MCO should only contact the COB contractor after 50-calendar days, for the status of an update request if, the CWF has not been updated, the COB contractor has not requested additional information, or the MCO has not received any action on an update request sent to the COB contractor. You can reach the COB contractor customer service line at 1-800-999-1118.

ONGOING ISSUES & CWF “SP” CODES (MSP Maintenance Transaction Error Codes)

1. SP53 error code - Working Aged and disability record both open at the same time.
2. SP60, SP61- Insurer Type not matching on CWF HUSP record.
3. If you have received any SP12 codes, please resubmit these records.(resolved Oct 1999)
4. SP71 - Source Code not matching on CWF HUSP record.
5. CWF MSP record with MSP effective date earlier than beneficiary's date of birth at age 65.
6. MCCOY WA records with status “S” not processing – contact your Central office (DPAP) regional Health Insurance Specialist
7. Unable to pull CWF HIHO WA screen beyond record #6 - contact your Central office (DPAP) regional Health Insurance Specialist
8. Unable to find CWF HIHO WA screen after checking all CWF Host sites – contact your Central office (DPAP) regional Health Insurance Specialist
9. CWF has no MSP records that are valid and MCO continues to be paid at the WA capitation rate. Allow 3 months from the latest CWF maintenance date (MNT DTE) for the record(s) to process. After 3 months from the latest CWF maintenance date if correct payment has not been received, please send record to your Central office (DPAP) regional Health Insurance Specialist.

- New* 10. SP72 - Invalid Transaction Attempted (MSP validity Indicator is ‘I’)
- New* 11. SP73 - Invalid Term Date/Delete Transaction Attempted (MSP validity Indicator is ‘I’)
- New* 12. SP74 - Invalid Cannot update ‘I’ record (MSP validity Indicator is ‘I’)
- New* 13. SP75 – Invalid transaction, no Medicare Part A benefits

WORKING AGED INFORMATION ON THE CMS WEBSITE

WA letters & Fact Sheet <http://www.cms.hhs.gov/healthplans/systems> click on Working Aged link. CWF Tutorial <http://www.cms.hhs.gov/healthplans/systems> click on Common Working File link.

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ACRONYMS & ABBREVIATIONS

ACRONYMS

CWF-Common Working File
CWF Host Site-7 host sites
EDB-Enrollment Data Base
MCCOY - Managed Care Option Information
retains MCO submitted WA transactions
GHI-General Health Incorporated
GHP-Group Health Plan System
MSP- Medicare Secondary Payer
WA-Working Aged
TSO – IBM's Time Sharing Option
System used for retrieval of your GHP Monthly
reports

ABBREVIATIONS

DOA - Date of Accretion to CWF
MNT DTE - Maintenance Date
VAL IND -Validity Indicator
DEL IND - Deleted Indicator
HUSP- Identifies an MSP/WA
maintenance transaction in McCOY

CWF CONTRACTOR CODES

NEW Contractor numbers -
Effective January 01, 2001

11100 – COB contractor
11101 – Initial Enrollment Questionnaire (IEQ)
11102 – SSA/IRS Data Match
11103 – Managed Care Organizations
11104 – Litigation Settlement

11105 – Employer Voluntary Reporting
11106 – Insurer Voluntary Reporting
11107 – First Claim Development
11108 – Trauma Code Development
11109 – Secondary Claims Investigation
11110 – Self Reports
11111 – 411.25
11112 – Blue Cross-Blue Shield Voluntary
Agreements
11113 – Office of Personnel Management (OPM)

OLD Contractor numbers

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99999 - Initial Enrollment Questionnaire (IEQ)
77777 - SSA/IRS Data Match
55555 - Managed Care Organizations
33333 - Litigation Settlement
66666 - Provident Litigation
88888 - Voluntary Agreements

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Data Match

11114 – Workers' Compensation (WC) Data --

Match

-- 00865 - Intermediary OR Carrier